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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

2003-0115.02

First Named Inventor

Adam Jude Ahne

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Fault Correction for an Array of Fusible Links

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


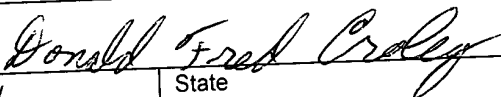
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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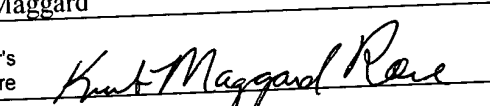

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DECLARATION — Utility or Design Patent Application

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|---------------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>21972</u> | | OR <input type="checkbox"/> Correspondence address below | |
| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) <u>Adam Jude</u> | | Family Name or Surname <u>Ahne</u> | |
| Inventor's Signature  | | Date <u>10-9-03</u> | |
| Residence: City <u>Lexington</u> | State <u>KY</u> | Country <u>USA</u> | Citizenship <u>USA</u> |
| Mailing Address <u>3213 Pepperhill Road</u> | | | |
| City <u>Lexington</u> | State <u>KY</u> | ZIP <u>40502</u> | Country <u>USA</u> |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) <u>Donald Fred</u> | | Family Name or Surname <u>Croley</u> | |
| Inventor's Signature  | | Date <u>10-13-03</u> | |
| Residence: City <u>Georgetown</u> | State <u>KY</u> | Country <u>USA</u> | Citizenship <u>USA</u> |
| Mailing Address <u>157 Treetop Court</u> | | | |
| City <u>Georgetown</u> | State <u>KY</u> | ZIP <u>40324</u> | Country <u>USA</u> |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

| | | | |
|----------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------|-----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| John Glenn | | Edelen | |
| Inventor's Signature  | | Date <u>10-9-03</u> | |
| Residence: City Versailles | State KY | Country USA | Citizenship USA |
| Mailing Address 732 Eureka Drive | | | |
| Mailing Address | | | |
| City Versailles | State KY | Zip 40383 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kristi Maggard | | Rowe | |
| Inventor's Signature  | | Date <u>10-9-03</u> | |
| Residence: City Richmond | State KY | Country USA | Citizenship USA |
| Mailing Address 2091 Powhatan Trail | | | |
| Mailing Address | | | |
| City Richmond | State KY | Zip 40475 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Timothy Lowell | | Strunk | |
| Inventor's Signature  | | Date <u>10-9-03</u> | |
| Residence: City Lexington | State KY | Country USA | Citizenship USA |
| Mailing Address 4838 Wyndhurst Road | | | |
| Mailing Address | | | |
| City Lexington | State KY | Zip 40515 | Country USA |

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| | |
|------------------------|--------------------------------------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Adam Jude Ahne |
| Title | Method of Fault Correction for an Array of Possible Links |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0115.02 |

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------------------|-----------|--------------|
| Name | Donald Fred Croley | | |
| Signature | <i>Donald Fred Croley</i> | | |
| Date | 10/13/03 | Telephone | 859-232-2971 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

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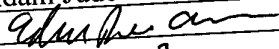
I am the:



Applicant/Inventor.

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-------------------------------------------------------------------------------------|-----------|--------------|
| Name | Adam Jude Ahne | | |
| Signature |  | Telephone | 859 269 3954 |
| Date | 10-9-03 | | |

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Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

Adam Jude Ahne

Method of Fault Correction for an Array of
Fusible Links

2003-0115.02

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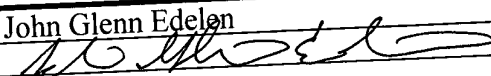


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| | | | |
|-----------|-------------------------------------------------------------------------------------|-----------|--------------|
| Name | John Glenn Edelen | | |
| Signature |  | | |
| Date | 10-3-03 | Telephone | 859-879-8960 |

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| First Named Inventor | Adam Jude Ahne |
| Title | Method of Fault Correction for an Array of Fusible Links |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 2003-0115.02 |

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| Address | | | | |
| Address | | State | Zip | |
| City | | | | |
| Country | | Fax | | |
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I am the:



Applicant/Inventor.

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------------------|-----------|--------------|
| Name | Kristi Maggard Rowe | | |
| Signature | <i>Kristi Maggard Rowe</i> | Telephone | 859-232-7328 |
| Date | 10-9-03 | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
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| Telephone | | | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | |
|-----------|------------------------------|--------------------|
| Name | Timothy Lowell Strunk | |
| Signature | <i>Timothy Lowell Strunk</i> | |
| Date | 10-29-03 | Telephone 232-7532 |

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